

Instructions for Filling Out the Workers' Compensation First Report of Injury or Illness (IC1A-1)

1. The form should be filled out by the employer or a representative; however, the injured employee may fill out the form if necessary.
2. Fill out non-shaded areas as completely as possible.
3. Distribute copies of the completed form as follows:
 - a. The original to the Idaho Industrial Commission, PO Box 83720, Boise, Idaho 83720-0041. (If the form is completed by the injured employee, an additional copy should be sent to the Industrial Commission. The Commission will then send a copy to the adjuster.) **The Microsoft Word version can be sent to the Commission as an email attachment to froi@iic.idaho.gov.**
 - b. One copy to the employer's workers' compensation insurer or adjuster.
 - c. One copy retained for the employer's files.
4. The Industrial Commission will be happy to answer your questions or provide you with helpful brochures on facts for injured workers and guides for employers. To obtain this service, please contact the Industrial Commission at 208-334-6000; or you may access many of these brochures on these web pages.